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17638 U.S. PTO

22581 U.S. PTO  
10/800462

031504

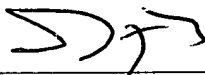
## EXPRESS MAIL CERTIFICATE

Date 3-15-04Label No. EL 749214915 US

I hereby certify that, on the date indicated above I deposited this paper or fee and every paper referred to therein with the U.S. Postal Service and that it was addressed for delivery to the Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 by "Express Mail Post Office to Addressee" service.

Richard T. Lyon  
Name (Print)

Signature



PATENT APPLICATION  
L&H No. HAV-060-03

Hon. Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SIR:

Enclosed please find an application for United States patent as identified below:

Inventor/s: KEVIN HARVEY; ROBIN HARVEY


Title: **GRAVITY ACTUATED COLLAPSIBLE GARMENT HANGER**

including the items indicated:

1. Specification and 42 claims: 4 indep.; 38 dep.; 0 multiple dep. (32 pages)
2. Informal Drawings: 8 sheets
3. Patent Fee Computation Sheet (1 page) and Credit Card Payment Form (1 page)
4. Executed Declaration and Power of Attorney (3 pages)
5. Assignment (2 pages), Assignment Recordation Form Cover Sheet (1 page) and Credit Card Authorization Payment Form (1 page)
6. Information Disclosure Statement (2 pages), Form PTO-1449 (1 page) and Copies of 41 cited references
7. Return Receipt Postcard

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Respectfully submitted

  
Richard T. Lyon  
Reg. No. 37,385  
Attorney for Applicant(s)

PATENT FEE COMPUTATION SHEET

The inventor qualifies as a small entity independent inventor for purposes of paying reduced fees.

	Claims	Number Extra	Fee
Basic Fee (Small Entity).....			\$ 385.00
Total Claims.....	42 – 20	22 x \$9	\$ 198.00
Independent Claims.....	4 – 3	1 x \$43	\$ 43.00
If Multiple Dependent Claims are Present, Add 260.00 EA.....			\$ 0.00
<b>TOTAL AMOUNT DUE.....</b>			<b>\$ 626.00</b>

☐ A check in the amount of \$\_\_\_\_\_ is attached.

☒ A Credit Card Payment Form (PTO-2038) for payment in the amount of \$ 626.00 is attached.

☐ The Commissioner is hereby authorized to charge and credit Deposit Account No. \_\_\_\_\_ as described below. A duplicate copy of this sheet is enclosed.

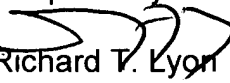
☐ Charge the amount of \_\_\_\_\_ as a filing fee.

☐ Credit any overpayment

☐ Charge any additional filing fees required under 37 CFR 1.16 and 1.17.

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